

---

Application and Reapplication Supplement for Youth Care Facilities - Staff Roster

---

Name of Group Home:

Staff Person's Name	Title/Position	Date of Hire	Annual Personal Statement of Health attached? (y/n) ARM 37.97.132(3)	Orientation hours ARM 37.97.524(3)	Annual training hours ARM 37.97.524(3)	CPR certification or recert date (Shelter Care requirement) ARM37.97.838(5) (c)(i)

Signature of person completing this form

Date